

PART B - FEE(S) TRANSMITTAL

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52835 7590 10/09/2008

HAMRE, SCHUMANN, MUELLER & LARSON, P.C.
P.O. BOX 2902

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Peggy Kerkhove (Depositor's name)
December 12, 2008 (Signature)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10799.043	03/17/2004	Yasuhiro Hashimoto	10873.1415UN01	6644

TITLE OF INVENTION: SOLAR CELL AND METHOD FOR MANUFACTURING THE SAME

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/09/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
BARTON, JEFFREY THOMAS	1795	136-256000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hamre, Schumann,
Mueller & Larson, P.C.
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Panasonic Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Osaka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3478. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Douglas P. Mueller

Date December 12, 2008

Typed or printed name

Registration No. 30300

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FAX TRANSMISSION December 12, 2008

TO: Mail Stop: Issue Fee
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PO Box 1450
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FROM: Douglas P. Mueller

OUR REF: 10873.1415US01

TELEPHONE: (612) 455.3800

Total pages, including cover letter: 2

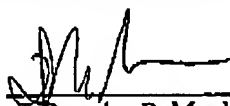
PTO FAX NUMBER: 571.273.2885

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Title of Document: **Part B - Fee Transmittal**


Applicant: HASHIMOTO
Serial No.: 10/799043
App. Filed: March 11, 2004
Group Art No.: 1795
Confirmation No.: 6699

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By: 
Name: Douglas P. Mueller
Reg. No.: 30,300

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Peggy J. Kerkhove


Signature

December 12, 2008
Date

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